

*Law* B

TELEPHONE (312) 258-5500

**SCHIFF HARDIN LLP**

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606



In re application of: Susanne Wikander  
ALLOWED; March 2, 2005  
SERIAL NO.: 10/691,407  
FILED: October 22, 2002  
TITLE: "MAMMOGRAPHY COMPRESSION PLATE AND X-RAY DIAGNOSTIC APPARATUS EMPLOYING SAME"

GROUP ART UNIT: 2882  
ATTORNEY DOCKET NO. P03,0412  
EXAMINER: Craig E. Church  
CONFIRMATION NO.: 6846

**AMENDMENT UNDER 37 C.F.R. §1.312**

**MAIL STOP ISSUE FEE**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450  
SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	**20	X 2	( ) X 9.00 ( ) X 18.00	\$
INDEP. CLAIMS	*	MINUS	3	X	( ) X 40.00 ( ) X 80.00	
Application amended to contain any multiple dependent claims not previously paid for.				( ) YES ( ) NO	( ) \$135.00 ( ) \$270.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated \_\_\_\_\_ for \_\_\_\_\_ months so that the period for response is extended to \_\_\_\_\_. A check in the amount of \$\_\_\_\_\_ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached.
- ☐ A check for \$\_\_\_\_\_ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$\_\_\_\_\_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

**SCHIFF HARDIN LLP (Customer Number: 26574)**

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 9, 2005.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

March 9, 2005

DATE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**AMENDMENT UNDER 37 C.F.R. §1.312**

APPLICANT: Susan Wikander ATTORNEY DOCKET NO. P030412  
ALLOWED: March 2, 2005 CONFIRMATION NO. 6846  
SERIAL NO.: 10/691,407 GROUP ART UNIT: 2882  
FILED: October 22, 2003 EXAMINER: Craig E. Church  
TITLE: "MAMMOGRAPHY COMPRESSION PLATE AND X-RAY  
DIAGNOSTIC APPARATUS EMPLOYING SAME"

**MAIL STOP ISSUE FEE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

S I R:

Under the provisions of 37 C.F.R. § 1.312, Applicant herewith amends the  
above-referenced allowed application.